[10191/2064]

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---|---|---|
| Inventor(s) | : | Thomas BRINZ |
| Serial No. | : | 10/032,973 |
| Filed | : | October 24, 2001 |
| For | : | DEVICE FOR TESTING A MATERIAL THAT CHANGES SHAPE WHEN AN ELECTRIC AND/OR MAGNETIC FIELD IS APPLIED |
| Examiner | : | Mirellys Jagan |
| Art Unit | : | 2859 |

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA  22313-1450

## AMENDMENT

SIR:

This paper addresses the Office Action of September 23, 2004.  Applicant respectfully requests reconsideration of the above-identified application as set forth in the Remarks below.  Initially, please amend the above-identified application as set forth below.

**Amendments to the claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin on page 6 of this paper and include an attached replacement sheet.

**Remarks** begin on page 7 of this paper.

897544

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) | | SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|---|---|
| TOTAL CLAIMS | | | | RATE | FEE | | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | | BASIC FEE 385 | | OR | BASIC FEE 770 | |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * | | X$9= | | OR | X$18= | |
| INDEPENDENT CLAIMS | minus 3 = | * | | X43= | | OR | X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ | | +145= | | OR | +290= | |
| | | | | TOTAL | | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

**AMENDMENT A**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| Total | 21 | Minus | ** 21 | = / | X$9= | | OR | X$18= | |
| Independent | 2 | Minus | *** 3 | = / | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | +145= | | OR | +290= | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT B** — Amdt 6/01/04

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | | RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 25 | Minus | ** 21 | 4 | | X$9= | | OR | X$18= | 72 |
| Independent | 2 | Minus | *** 3 | = | | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | | +145= | | OR | +290= | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT C** — 12/27/04

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | | RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 25 | Minus | ** 25 | = | | X$9= | - | OR | X$18= | |
| Independent | 5 | Minus | *** 3 | 2 | | X43= | | OR | X86= 200.00 | 400.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | | +145= | | OR | +290= | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 400.00 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.